Need help completing the
Application For a Family Child Care Home License?

These are instructions for filling out the Application for a Family Child Care Home License (LIC 279). Match the numbered items on this page with the numbered sections on the Application.

For your information, details on the Application are public information.

1. **APPLICANTS -** All applicants must enter their date of birth. The applicants are the persons who will be responsible for providing child care in their own home. All applicants must live in the home to be licensed and must be 18 years of age or older to be licensed to provide child care.

2a. **YOUR HOME ADDRESS** - Your home address is the location of the home in which you live and want to provide care. This is the home that the Licensing Agency will inspect to determine whether it meets health and safety standards.

2b. **LIST OF ADDITIONAL COUNTIES** - If you have not lived in this county for two years, list all other counties where you have lived in the two past years.

3. **DIRECTION(S) TO HOME** - If your home is hard to find, directions to your home would be helpful to the Licensing Agency. Please attach a sketch or map if possible.

4. **MAILING ADDRESS** - If your mailing address is different from the home address, put your mailing address here. If it is the same, write "Same".

5. **TYPE APPLICATION** - A "New Application" is a request to license both an individual and a home that are not now licensed. A "Capacity Change" is a request to increase the approved number of children in an already licensed home. A "Location Change" is a request by a licensee to obtain a new license when they plan to move. An "Update" is, for example, to request a change in your name or phone number.

6. **LICENSE OR CERTIFICATION STATUS** - This is any license or certification issued to any of the applicants for providing care. If you are or have ever been licensed or certified to provide care, or if one is pending, check the appropriate box and enter the type of license/certification; date licensed/certified; and name, address and phone number of the Licensing Agency. This includes Foster Family Homes and any other licensed category.

7. **PERSONS IN THE HOME** - List all persons (other than yourself) who live in your home, including family members, boarders, or other relatives. If needed, you may attach additional pages to list all residents. You do not need to list your spouse if he/she is also an applicant.

8. **TYPE OF LICENSE** - Requirements for homes serving nine or more children are different from homes serving eight or fewer. Please tell us the capacity you plan to serve, the age range, and what days and/or hours you plan to be open.

9. **LICENSEE RESPONSIBILITY** - You need to let the Licensing Agency know that you have enough money to maintain your home, you have basic fire protection, you will comply with licensing laws and regulations, your will obtain approval from the licensing agency whenever you plan to change your license capacity or make changes to your home, and that you understand the child abuse reporting requirements and the notification and consent requirements related to property owners/landlords.

10. **PERJURY STATEMENT** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under a perjury oath. This means that you promise that everything you have said in the application is true and correct. If you knowingly make false statements, you have committed the crime of perjury, which may be punishable by imprisonment.

NOTE: IF YOU DO NOT HAVE ENOUGH SPACE, ATTACH ADDITIONAL PAPER.

AGENCY USE ONLY
NUMBER:
TYPE:
ASSIGN:

APPLICATION FOR A FAMILY CHILD CARE HOME LICENSE

Type or print clearly.

1. APPLICANT(S) First	Middle	Last Name	Date of Birth

2a. YOUR HOME ADDRESS:	CITY	COUNTY	STATE	ZIP	PHONE:

2b. IF YOU HAVE NOT LIVED IN THIS COUNTY FOR THE PAST TWO YEARS, LIST THE COUNTIES IN WHICH YOU HAVE RESIDED:

3. DIRECTION(S) TO HOME:

4. MAILING ADDRESS (if different):	CITY	STATE	ZIP

5. TYPE OF APPLICATION

☐ New Application

☐ Capacity Change

☐ Location Change

☐ Update

6. ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, LICENSED OR CERTIFIED FOR ANY TYPE OF FACILITY TO CARE FOR CHILDREN OR ADULTS?

☐ Yes ☐ No ☐ Pending

DATE LICENSED/CERTIFIED:

TYPE OF LICENSE:

LICENSE #:

ADDRESS:

LICENSING AGENCY:

CITY	STATE	ZIP	PHONE:

7. OTHER PERSONS IN THE HOME (Not applicant(s))

First Name	Middle	Last Name	DOB	Relationship to You

8. TYPE OF LICENSE

☐ Small Home (up to 8)   ☐ Large Home (up to 14)

AGES TO BE SERVED:

DAYS & HOURS OPEN:

9. LICENSEE RESPONSIBILITY - I/We certify that:

A. I/We have money to maintain the level of service required by law in a Family Child Care Home.

B. I/We have both a State Fire Marshal approved fire extinguisher (rated 2A, 10B: C) and a smoke detector in operating condition.

C. I/We shall comply with the laws and regulations governing standards for Family Child Care Homes.

D. I/We shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.

E. I/We shall notify the licensing agency when we want to discontinue our license.

F. I/We have informed the property owner, if leased or rented, that we will be operating a Family Child Care Home on the premises. The owner/landlord has been sent the Property Owner/Landlord Notification (LIC 9151).

G. I/We have written consent from the property owner, if leased or rented, when I plan to expand my Small Family Child Care Home capacity from 6 to 8 children, or to expand my Large Family Child Care Home capacity from 12 to 14 children. Property Owner/Landlord Consent Form (LIC 9149).

10. PERJURY STATEMENT - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of my/our knowledge.

Applicant(s) Signatures	City and County where Signed	Date

Did you remember to: Sign and date all documents in ink and enclose the application/licensing fee?